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(Requestor's Name)
(Address)
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(Only Cate Elph Holle H)
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SECKETARY OF STATE



1/14

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Florida Environmental Compliquee LLC Name of Limited Liability Company			
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
John Baird			
Name of Person			
Firm/Company			
1253 Scenic Hyhnay			
Address			
Pensacola FL 32507			
City/State and Zip Code			
+locidesateice a grantico			
FLORIDASA FEICE @ gama/ com			
For further information concerning this matter, please call:			
John Baird # (850) 602 6213			
Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \$160.00 Filing Fee, \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}			
Mailing Address Street Address New Filing Section			

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

c,

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is: Florida [Must end with the words "Limited Liability Company, "L.L.d.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address: Mailing Address: 1253 Scenic Highway West Palm Beach FL Pensanda FL 32503	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Tensacola IL S 1503 City State Zip	,
Having been named as registered agent and to accept service of process for the above stated limited liability company at Replace designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent's Signature (REQUIRED)	
(CONTINUED)	

Page 1 of 2

ARTICLE IV-	FILED	
The name and address of each persor Title: "AMBR" = Authorized Member	uthorized to manage and control the Limited Liability Company: 16 FEB 29 PM (1) Name and Address:	
"MGR" = Manager AMBR 4 AMBR	John Baird SECRETARY OF STAILLAHASSEE FLO 1253 Scenic Hybra, Pansacola FL 32503	TATE PRIDA
the date of filing.)	pecific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be I	
REQUIRED SIGNATURE:		-
This document is ext I am aware that any fi	ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.	

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)